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CONFIRMATION NO. 9608

Bib Data Sheet

SERIAL NUMBER 09/539,834	FILING OR 371(c) DATE 03/31/2000 RULE	CLASS 053	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. 084016.00009
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 60/133,647 05/11/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 06/13/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

33448

TITLE

AUTOMATED SOLID PHARMACEUTICAL PRODUCT PACKAGING MACHINE

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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